

St. Jerome Life Teen Annual (Youth Ministry) Registration/Permission Form

All Youth Ministry Events & Life Teen (Weekly Edge & Life Nights)

Annual Registration for Fall 2020 through Summer 2021

Important: Please fill out both sides of this form in full. Turn in any additional documents if needed (ins card)

DATE FORM FILLED OUT: _____

YOUTH INFORMATION:

YOUTH FULL LEGAL NAME: _____

PREFERRED NAME (if different than legal name): _____

YOUTH'S ADDRESS (City, State & Zip): _____

BIRTH DATE: _____ GENDER: _____ GRADE: _____ T-SHIRT SIZE: _____

SCHOOL : _____ GRADE AS OF FALL 2020: _____

YOUTH'S HOME PHONE NUMBER: _____

YOUTH'S CELL NUMBER: _____

YOUTH'S EMAIL ADDRESS: _____

PARENT INFORMATION:

PARENT(S) FULL NAME(S): _____

FATHER'S HOME PHONE: _(____)_____-_____- FATHER'S WORK PHONE: _(____)_____-_____-

FATHER'S CELL PHONE: _(____)_____-_____- Do you Text: Y N

FATHER'S EMAIL ADDRESS: _____

MOTHER'S HOME PHONE: _(____)_____-_____- MOTHER'S WORK PHONE: _(____)_____-_____-

MOTHER'S CELL PHONE:_(____)_____-_____- Do you Text: Y N

MOTHER'S EMAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION (List someone other than the parent - parents will always be contact first):

NAME OF EMERGENCY CONTACT: _____

RELATION TO YOUTH: _____

HOME PHONE OF ER CONTACT: _(____)_____-_____-

CELL PHONE OF ER CONTACT: _(____)_____-_____-

EMAIL OF ER CONTACT: _____

Registration for Youth Ministry is FREE; however, fees may be charged for certain events to cover the cost of activities. Food donations are appreciated. Financial scholarships are available for any youth who is unable to pay event fees. No youth is ever turned away for lack of funds.

**There are two sides to this form:
(FLIP OVER TO COMPLETE FORM)**

INSURANCE INFORMATION/PERMISSIONS:

Please attach a photocopy of your teens (participant's) insurance card (front AND back). Please fill out the information below as well. Yes, we know this is repetitive; however, it is necessary to complete your registration form.

YOUTH PARTICIPANT'S NAME: _____

INSURANCE CARRIER: _____

POLICY NUMBER: _____

INSURANCE ID NUMBER: _____

_____ Youth Participant does not have insurance at this time. I/we are aware that it is my/our responsibility to make sure the Church has a copy of the youth's insurance information & card if obtained during the year while this form serves as the teens registration form for St. Jerome Catholic Church Life Teen (Youth Ministry).

MEDICAL INFORMATION/PERMISSIONS:

My Child has the following medical conditions, emotional or developmental problem, allergy, or disability:

I/we DO DO NOT give permission for over-the-counter medications to be given to my child if needed.

I/we grant permission for my child to be photographed and/or videotaped during activities and events. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the *Life Teen* and/or youth programs at Saint Jerome Catholic Church.

I/we understand that reasonable precaution will be taken to safeguard the health and safety of the participant (s) and that the designated emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident person(s) will not hold Saint Jerome Catholic Church, the Austin Diocese, the current Director of Youth Ministry at St. Jerome, any volunteer, chaperone, or driver responsible. I/we authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon; licensed to practice in the State of Texas or any other state. The undersigned understand(s) and agrees that any medical, dental, or hospital expense incurred shall be at their own expense. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary.

I/we understand that there is a code of conduct and behavior expected of my child/children in any event regarding St. Jerome Catholic Church and/or St. Jerome youth group events. My child is expected to participate in activities fully to the best of his/her abilities. Failure to comply with this code will result in appropriate action executed by the Youth Minister with contact to the parent regarding the consequences.

Parent / Guardian Signature

Date



Diocese of Austin

SUPERVISION OF PROGRAMS WITH MINORS: TELECOMMUNICATION AND DISTANCE LEARNING MINISTRY EVENTS

PARENT/LEGAL GUARDIAN INFORMED CONSENT

A separate consent form should be completed for each ministry/program/event in which your child participates. For year-long ministry, the consent form should be completed and submitted for each semester.

I have reviewed the Diocese of Austin policies regarding supervision of programs with minors for telecommunication and distance learning ministry events. I permit my child to participate in the ministry, program or event listed below.

Student Full Name _____

Ministry/Program/Event _____

During: Telecommunication Ministry from Fall 2020 through Summer 2021

Sponsored by _____
(parish or school name)

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Name _____ Date _____

ACKNOWLEDGEMENT RELATED TO
COVID-19 PROTOCOLS FOR MINISTRY OUTSIDE OF MASS AND
OTHER LITURGIES

St. Jerome Catholic Church (the Parish), has established protocols intended to reduce the potential for exposure to the novel coronavirus (COVID-19) on campus during in-person ministry. These protocols are attached to this form and may be updated from time to time. They are intended for ministry outside of the celebration of Mass and other liturgies, which have their own protocols previously sent to parishes and remaining in effect.

Even with these protocols in place, the Parish cannot guarantee that parishioners, employees, or visitors will avoid contraction of COVID-19. Participation in a Parish activity, program, or event (“Activities”) may increase the risk of contraction of COVID-19 and related illnesses. The Parish asks you to acknowledge the following to help ensure that these protocols are followed and that all will work to mitigate the risks.

- A. I acknowledge the contagious nature of COVID-19 and that children, youth, adults, employees, and visitors may be exposed to or contract COVID-19 by attending, volunteering, visiting, or working at the Parish, or by attending or participating in Parish Activities. I am aware that exposure or contraction of COVID-19 may result in serious illness or personal injury. I recognize the risks related to COVID-19 and that my own actions or omissions may contribute to the risks or assist in mitigating the risks of COVID-19.
- B. I will abide by and follow the Parish’s protocols related to COVID-19 for myself and for any person for whom I am responsible.**
- C. I understand that the Parish intends to enforce its COVID-19 protocols and may amend its protocols from time to time as it finds necessary and appropriate.
- D. I am informed that circumstances may require the Parish cancel or modify Parish Activities in order to mitigate the risks of COVID-19.
- E. To the extent permitted by law, I release and agree to hold harmless and indemnify the Parish and the Catholic Diocese of Austin, as well as their employees and representatives, from any claim or injury stemming from or related to my or my children’s attendance, visitation, volunteering, or working at the Parish or any Parish Activity related exposure to COVID-19.

Parishioner/Parent/Guardian Signature

Printed Name: _____

Date: _____

Parishioners/Parent/Guardian Signature

Printed Name: _____

Date: _____